

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000541 (4)

1. Corporation Name

ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORID
A, U.S.A., INC.

Principal Place of Business

Mailing Address

P. O. BOX 7279
PORT ST. LUCIE FL 34985
US

P. O. BOX 7279
PORT ST. LUCIE FL 34985
US



3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
04/26/1995

4. FEI Number

65-0353123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELSOMINO, JERRY
12065 RIVERBEND ROAD
PORT ST. LUCIE FL 34952

81 Name

BRITT W FRANK

82 Street Address (P.O. Box Number is Not Acceptable)

3405 N.W. FEDERAL HWY SUITE 104

83

84 City

JENSEN BEACH

FL

85 Zip Code

34957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE BRITT W FRANK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

4/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GELSOMINO, JERRY	
STREET ADDRESS	12065 RIVERBEND ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEYSE, RICK	
STREET ADDRESS	925 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRITT, FRANK	
STREET ADDRESS	1902 S.E. MANTH LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> DELETE
NAME	STEPHEN KRAUMFOLZ	
STREET ADDRESS	2257 SE ABERDEEN RD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> DELETE
NAME	THOMAS HILKEY	
STREET ADDRESS	1011 SW. ALEXANDRIA AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1874 SE VAN KLEFF AVE
3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	600001833806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	-05/22/96--01017--016
5.3 STREET ADDRESS	***61.25
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BRITT W FRANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

407-692-9202

Daytime Phone #

CR2E037 (12/95)